



## MISSOURI ETHICS COMMISSION

**FINANCIAL DISCLOSURE STATEMENT  
FOR POLITICAL SUBDIVISIONS**1. TIME PERIOD COVERED BY THIS  
STATEMENT

FROM \_\_\_\_\_

THROUGH \_\_\_\_\_

2. TYPE OF STATEMENT

☐ NEW☐ AMENDED

3. NAME

ADDRESS

4. SPOUSE'S NAME

5. DEPENDENT CHILDREN

6. POLITICAL SUBDIVISION

7. TITLE

(NOTE: The following information is required from each elected official, chief administrative officer, chief purchasing officer, full-time general counsel and officials or employees authorized by the governing body of the political subdivision to promulgate or vote on rules and regulations.)

8. List transactions you, your spouse, children or parents had with the political subdivision listed in item 6 (other than compensation received as an employee, for payment of taxes, fees or penalties, or transfers for no consideration) valued at more than \$500.

DATE	PARTIES TO THE TRANSACTION

9. List transactions which any business entity in which you, your spouse or children, hold a substantial interest (ownership of 10% of the business entity, or interest valued at \$10,000 or more, or from which a salary, gratuity or other compensation of \$5,000 or more is paid per calendar year) had with the political subdivision listed in item 6 valued at more than \$500. Do not include payment of taxes, fees or penalties due to the political subdivision or transactions involving payment for providing utility service to the political subdivision, or transfers for no consideration.

DATE	PARTIES TO THE TRANSACTION

**FILING INFORMATION**

This form is to be filed with the Missouri Ethics Commission and with the governing body of the political subdivision listed in item 6 above. The clerk of such governing body shall maintain such disclosure reports available for public inspection and copying during normal business hours.

If additional space is needed, attach additional pages.

Missouri Ethics Commission  
P.O. Box 1370  
Jefferson City, MO 65102

10. COMPLETE AND SIGN THIS SECTION

CHECK ONE:

☐ I certify that I have disclosed all interests concerning the required financial information.**OR**☐ I certify that I have disclosed all interests concerning the required financial information and further certify that my spouse has refused or failed to provide information concerning his or her financial interests and that I have no knowledge of such interests.

FILER'S SIGNATURE

(NOTE: The following information is required from the chief administrative officer and chief purchasing officer only. Information given pertains to filer, spouse and dependent children.)

11. EMPLOYMENT: List the name and address of each employer from whom you received income of \$1,000 or more during the period covered by this statement.

EMPLOYER'S NAME	ADDRESS	WHO RECEIVED INCOME

12. SOLE PROPRIETORSHIPS: List each sole proprietorship owned.

NAME OF SOLE PROPRIETORSHIP	ADDRESS

13. GENERAL PARTNERSHIPS, JOINT VENTURES: List each general partnership and joint venture in which you are a partner or participant, and the names of partners or coparticipants unless such names and addresses are filed with the Secretary of State.

NAME OF GENERAL PARTNERHIP OR JOINT VENTURE	ADDRESS	GENERAL NATURE BUSINESS	NAME AND ADDRESS OF PARTNERS OR COPARTICIPANTS

14. LIMITED PARTNERSHIPS, CLOSELY-HELD CORPORATIONS: List the name of any closely-held corporation or limited partnership in which you own ten percent (10%) or more of any class of the outstanding stock or units.

NAME OF LIMITED PARTNERSHIP OR CLOSELY-HELD CORPORATION	ADDRESS	NATURE OF BUSINESS

15. PUBLICLY TRADED CORPORATION OR LIMITED PARTNERSHIP: List the name of any publicly traded corporation or limited partnership which is listed on a regulated stock exchange or automated quotation system in which you own two percent (2%) or more of any class of outstanding stock, units or other equity interests.

NAME OF PUBLIC TRADED CORPORATION OR LIMITED PARTNERSHIP

16. List the name and address of each corporation for which you served in the capacity of a director, officer or receiver.

NAME OF CORPORATION	ADDRESS	WHO SERVED IN THIS CAPACITY

This form is required to be filed with the governing body of your political subdivision and the Missouri Ethics Commission. All elected and appointed officials as well as employees of a political subdivision must comply with section 105.454, Missouri Revised Statutes, on conflicts of interest and their own local code of ethics.

Missouri Ethics Commission, P.O. Box 1370, Jefferson City, MO 65102, (573) 751-2020 or 1-800-392-8660